State of California Department of Consumer Affairs

PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA
1424 Howe Avenue, Suite 35, Sacramento, CA 95825-3237
Telephone: (916) 263-2670 (800) 555-8038 FAX: (916) 263-2671
CALIFORNIA RELAY SERVICE BY TDD: 1-800-735-2929
E-mail: pacommittee@medbd.ca.gov
Website: www.physicianassistant.ca.gov

CHANGE OF ADDRESS FORM

This completed form should be mailed or faxed to the Physician Assistant Committee.

The address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence.

NOTE: To request a replacement wallet receipt with your new address of record, you must complete and submit a Request for Duplicate form with a $10.00 processing fee.

NAME (PRINT or TYPE)	TELEPHONE NUMBER	LICENSE NUMBER	DATE OF BIRTH
		PA	

NEW ADDRESS OF RECORD

NUMBER STREET CITY STATE ZIP + 4

NOTE: **If a P. O. Box is listed the law requires that you also provide a street address below under Confidential Address (this address will remain confidential)**

OLD ADDRESS OF RECORD

NUMBER STREET CITY STATE ZIP + 4

CONFIDENTIAL ADDRESS (if required)

NUMBER STREET CITY STATE ZIP + 4

NOTE: Your confidential address will not be released to the public.

SIGNATURE	DATE